



## Missouri Pharmacy Program – Preferred Drug List



### **Proton Pump Inhibitors:** ***Effective 10/14/2004***

#### **Preferred Agents**

Prilosec OTC®  
Nexium®

#### **Non-Preferred Agents**

Protonix®  
Prevacid®  
Aciphex®  
Prilosec Rx®/Omeprazole

#### **Approval Criteria**

- Failure to achieve desired therapeutic outcomes:
  - with documented trial period with H2 Antagonist therapy (excluding specific diagnoses)
  - with documented trial period on OTC Prilosec® as first line therapy after H2 Antagonist trial (excluding specific diagnoses)
  - with documented trial period on Nexium® after OTC Prilosec® trial allows access to non-preferred PPI agent
- Documented ADE/ADR to preferred agents
- Documented compliance on current therapy regimen.

#### **Denial Criteria**

- Lack of adequate trial on required preferred agents.
- Therapy will be denied if no approval criteria are met
- Drug Prior Authorization Hotline:  
(800) 392-8030.